

**STATE OF MONTANA**  
**DEPARTMENT OF LIVESTOCK**

Animal Health Division  
PO Box 202001  
Helena, MT 59620-2001  
Ph (406) 444-2043 FAX (406) 444-1929



**APPLICATION FOR EQUINE SEMEN IMPORT PERMIT**

I hereby apply for an equine semen import permit to ship cooled equine semen into Montana. I understand this permit expires on the date listed below and is specifically for the stallion listed below. Each stallion must have their own individual permit. I understand that this permit does not relate to breed registry requirements for semen. A legible photocopy of this stallion's current EIA and EVA test or EIA, EVA test and vaccination certificate are attached to this application.

**CERTIFICATION**

I HEREBY CERTIFY THAT THE STALLION, SEMEN, ADDITIVES, AND EQUIPMENT MEET MONTANA'S SEMEN IMPORT REGULATIONS. ALL TESTS ARE DONE BY A LICENSED, ACCREDITED VETERINARIAN. A COPY OF THIS PERMIT WILL ACCOMPANY EACH SHIPMENT OF SEMEN, AS REQUIRED BY MONTANA DEPARTMENT OF LIVESTOCK ARM 32.3.220(7).

\_\_\_\_\_  
Signature of Licensed Accredited Veterinarian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Accredited Veterinarian

\_\_\_\_\_  
State & Vet License No.

\_\_\_\_\_  
Phone Number

**STALLION INFORMATION**

*Please type or print legibly*

\_\_\_\_\_  
Name of Stallion

\_\_\_\_\_  
Ranch Name Where Stallion is Standing

\_\_\_\_\_  
Breed

\_\_\_\_\_  
Address Where Stallion is Standing

\_\_\_\_\_  
Date of neg. EIA test (*within 12 months of shipment*)

\_\_\_\_\_  
City, State, Zip Where Stallion is Standing

\_\_\_\_\_  
Date of neg. EVA test & Vaccination

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date of EVA Boosters (no more than 13 months apart)

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Date of General Health Status Inspection

\_\_\_\_\_  
Printed Name of Stallion Owner/Manager

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Signature of Stallion Owner/Manager

**FOR OFFICE USE ONLY**

Date Permit Issued: \_\_\_\_\_ PERMIT NUMBER: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ 12/31/